

SERFF Tracking Number:	SKML-125642498	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company	State Tracking Number:	38974
Company Tracking Number:	METFLEX 2001 CSO		
TOI:	L06I Individual Life - Variable	Sub-TOI:	L06I.002 Single Life - Flexible Premium
Product Name:	MetFlex		
Project Name/Number:	2001 CSO Revision/MetFlex 2001 CSO		

## Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: MetFlex

SERFF Tr Num: SKML-125642498 State: ArkansasLH

TOI: L06I Individual Life - Variable

SERFF Status: Closed

State Tr Num: 38974

Sub-TOI: L06I.002 Single Life - Flexible Premium

Co Tr Num: METFLEX 2001 CSO

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Alvah Shelton

Disposition Date: 05/15/2008

Date Submitted: 05/11/2008

Disposition Status: Approved

Implementation Date Requested: 01/01/2009

Implementation Date:

State Filing Description:

## General Information

Project Name: 2001 CSO Revision

Status of Filing in Domicile: Pending

Project Number: MetFlex 2001 CSO

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: All States are filed concurrently

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/15/2008

State Status Changed: 05/15/2008

Deemer Date:

Corresponding Filing Tracking Number: MetFlex 2001 CSO

Filing Description:

Form No. 97-93, Flexible Premium Adjustable Variable Universal Life Insurance Policy

Form #7FV-93 (2001CSO) Policy Insert Page and COI

Form # R.S. 1191 March 1993 (2001CSO) Revised Policy Endorsement

Form #R.S. 1195 (2001CSO) Revised Policy Endorsement MDB

<i>SERFF Tracking Number:</i>	<i>SKML-125642498</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>2001 CSO Revision/MetFlex 2001 CSO</i>		

Enclosed for your review and approval, please find the above captioned forms for use with Metropolitan Life Insurance Company's Flexible Premium Adjustable Variable Universal Life Insurance Policy. To comply with the change in Mortality Basis, we are submitting the above captioned forms. We request the effective date of this change be 01/01/2009. Your department, on XX/XX/XXXX, approved Flexible Premium Adjustable Variable Universal Life Insurance Policy (form number 7FV-93). Policy Endorsement Form (form number R.S. 1191 March 1993) was approved on XX/XX/XXXX and Policy Endorsement MDB (form number R.S. 1195) was approved on XX/XX/XXXX.

We hereby certify there have been no other changes than those mandated by the new 2001 Commissioner's Standard Ordinary Mortality Table.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - sandrakmeltzerandassociates)

Alvah Shelton, Policy Analyst	alvah@skminc.com
1750 Century Circle	(404) 633-5353 [Phone]
Atlanta, GA 30345	(404) 633-6301[FAX]

### Filing Company Information

Metropolitan Life Insurance Company	CoCode: 65978	State of Domicile: New York
485-B Route 1 South	Group Code: 241	Company Type:
Suite 420		
Iselin, NJ 08830	Group Name:	State ID Number:
(732) 602-6424 ext. [Phone]	FEIN Number: 13-5581829	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$60.00
Retaliatory?	No
Fee Explanation:	There is no fee in the state of domicile (NY). The fee in the state of Arkansas is 20.00 per form. There are 3 forms submitted X \$20.00/ per incidental form = 60.00. This fee is submitted concurrently with this filing via EFT.
Per Company:	No

<i>SERFF Tracking Number:</i>	<i>SKML-125642498</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>2001 CSO Revision/MetFlex 2001 CSO</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$60.00	05/11/2008	20261696

<i>SERFF Tracking Number:</i>	<i>SKML-125642498</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38974</i>
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<i>Product Name:</i>	<i>MetFlex</i>		
<i>Project Name/Number:</i>	<i>2001 CSO Revision/MetFlex 2001 CSO</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Linda Bird	05/15/2008	05/15/2008

<i>SERFF Tracking Number:</i>	<i>SKML-125642498</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 05/15/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SKML-125642498</i>	<i>State:</i>	<i>Arkansas</i>
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Authorization Letter		Yes
<b>Form</b>	Policy Insert Page and COI		Yes
<b>Form</b>	Revised Policy Endorsement		Yes
<b>Form</b>	Revised Policy Endorsement MBD		Yes

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## Form Schedule

### Lead Form Number: 7FV-93 (2001CSO)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	7FV-93 (2001CSO)	Certificate	Policy Insert Page t, Insert Page, Endorsement or Rider	Initial		0	7FV-93 (2001CSO) FINAL.pdf
	R.S. 1191 March 1993 (2001CSO)	Certificate	Revised Policy Amendmen t, Insert Page, Endorsement or Rider	Initial		0	RS1191 _2001CSO_.pdf
	R.S. 1195 (2001CSO)	Certificate	Revised Policy Amendmen t, Insert Page, Endorsement or Rider	Initial		0	R.S.1195 _2001CSO_.pdf

**Table of Guaranteed Maximum Rates For Each \$1,000 of Term Insurance**  
**(See "Cost of Term Insurance" Provision on page 8.)**

Age	Monthly Rate*			Age	Monthly Rate*	
	Male	Female			Male	Female
20	.083	.039		58	.722	.592
21	.084	.040		59	.788	.643
22	.085	.041		60	.870	.697
23	.086	.042		61	.971	.755
24	.088	.044		62	1.088	.816
25	.090	.045		63	1.213	.883
26	.095	.048		64	1.346	.955
27	.097	.050		65	1.482	1.033
28	.096	.053		66	1.620	1.119
29	.095	.055		67	1.763	1.214
30	.095	.058		68	1.915	1.318
31	.094	.062		69	2.081	1.434
32	.095	.065		70	2.273	1.565
33	.096	.070		71	2.510	1.714
34	.099	.076		72	2.787	1.876
35	.103	.083		73	3.078	2.055
36	.109	.089		74	3.392	2.250
37	.115	.095		75	3.738	2.466
38	.124	.100		76	4.129	2.702
39	.132	.105		77	4.586	2.961
40	.143	.111		78	5.118	3.247
41	.155	.119		79	5.716	3.562
42	.170	.127		80	6.388	3.954
43	.189	.137		81	7.122	4.436
44	.210	.149		82	7.902	4.949
45	.231	.163		83	8.761	5.491
46	.252	.180		84	9.728	6.095
47	.271	.198		85	10.817	6.707
48	.285	.220		86	12.028	7.436
49	.303	.244		87	13.354	8.346
50	.326	.270		88	14.782	9.317
51	.355	.300		89	16.304	10.285
52	.392	.333		90	17.840	10.992
53	.435	.368		91	19.376	11.683
54	.487	.405		92	21.010	12.846
55	.544	.447		93	22.766	14.444
56	.607	.493		94	24.654	16.491
57	.664	.542				

\*If there is a supplemental rating for the life insurance benefit, as shown on page 3, the monthly deduction for such supplemental rating must be added to the monthly rate determined from this table.

## General Provisions

<b>The Contract</b>	This policy includes any riders and, with the application attached at issue, and any application added after issue, makes up the entire contract. All statements in the application will be representations and not warranties. No statement will be used to contest the policy unless it appears in the application.
<b>Limitation on Representative's or Other Person's Authority</b>	No representative or other person except our President, a Vice-President, or the Secretary may (a) make or change any contract of insurance; or (b) make any binding promises about benefits; or (c) change or waive any of the terms of this policy. Any change or waiver is valid only if made in writing and signed by our President, Vice-President, or Secretary.
<b>Incontestability</b>	We will not contest the validity of your policy after it has been in force during the insured's lifetime for 2 years from the Date of Policy. We will not contest the validity of any increase in the death benefit after such increase has been in force during the insured's lifetime for 2 years from its effective date.
<b>Age and Sex</b>	If the insured's age or sex on the Date of Policy is not correct as shown on page 3, we will adjust the benefits under this policy. If the insured dies before a correction is made, the adjusted benefits will be the amounts bought by the monthly deduction just before the date of death, based on the correct age and sex. Otherwise we will recompute the value of the Cash Value by taking out the monthly cost of term insurance for the life of the policy, using the level of benefits bought by the monthly deduction just before we learned the correct age and sex.
<b>Nonparticipation</b>	This policy is not eligible for dividends; it does not participate in any distribution of our surplus.
<b>Computation of Values</b>	<p>The Fixed Account Cash Value is computed using a guaranteed minimum interest rate shown on page 3.1. This value and the maximum term insurance rates shown on page 4 are based on the 2001 Commissioners Standard Ordinary Mortality (sex distinct) Table.</p> <p>For substandard policy classifications, these values and rates are based on a modified version of the 2001 CSO Mortality Table that reflects our mortality experience.</p> <p>We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this policy is delivered. The values under this policy are equal to or greater than those required by the law of that state.</p>
<b>Annual Report</b>	<p>Each year we will send you a report showing the current death benefit, the Cash Value and any outstanding policy loans for this policy.</p> <p>It will also show the amount and type of credits to and deductions from the Cash Value during the past policy year.</p> <p>The report will also include any other information required by state laws and regulations.</p>
<b>Illustration of Future Benefits</b>	At any time, we will provide an illustration of the future benefits and values under your policy. You must ask in writing for this illustration. The first illustration in any policy year will be furnished free of charge. Any subsequent request in that policy year will be subject to a service fee set by us.

**Metropolitan Life Insurance Company**

**ENDORSEMENT**

1. The following replaces the last paragraph of the provision entitled **Cost of Term Insurance:**

The cost of term insurance for any policy month is equal to the amount of term insurance multiplied by the monthly term insurance rate. After the Final Date the cost of term insurance is zero. Monthly term insurance rates will be set by us from time to time, based on the insured's age and underwriting class. But these rates will never be more than the maximum rates shown in the table on page 4. Any change in mortality charges will not recoup past losses. Any adjustments in policy cost factors will be by class and based on changes in such factors as mortality, persistency and expense.

2. The following replaces the provision entitled **Age and Sex:**

**Age --** If the insured's age on the Date of Policy is not correct as shown on page 3, we will adjust the benefits under this policy. If the insured dies before the correction is made, the adjusted benefits will be the amounts bought by the monthly deduction just before the date of death, based on the correct age. Otherwise, we will recompute the value of the Cash Value by taking out the monthly cost of term insurance for the life of the policy, using the level of benefits bought by the monthly deductions just before we learned the correct age.

3. The following replaces the first paragraph of the provision entitled **Computation of Values:**

**Computation of Values --** The Fixed Account Cash Value is computed using the guaranteed minimum interest rate shown on page 3.1. This value and the maximum term insurance rates shown on page 4 are based on the 2001 Commissioner's Standard Ordinary Mortality Table (80% males, 20% females.).

(continued on reverse side)

## ENDORSEMENT (Continued)

4. The following replaces the tables for Option 3 and Option 4 under the Heading **Minimum Payments under Payment Plan:**

	Option 3. Single Life Income-- Guaranteed Payment Period Minimum Amount of each Monthly Payment for each \$1,000 Applied				Option 3A. Single Life Income-- Guaranteed Return Minimum Amount of each Monthly Payment for each \$1,000 Applied
	Guaranteed Payment Period				
Payee's Age	10 years	15 years	20 years		
50	\$4.12	\$4.08	\$4.02		\$3.97
55	4.51	4.44	4.32		4.29
60	5.02	4.87	4.65		4.70
65	5.67	5.36	4.97		5.21
70	6.46	5.88	5.24		5.85
75	7.34	6.33	5.41		6.68
80	8.21	6.64	5.48		7.75
85 and over	8.92	6.80	5.51		9.12

<b>Option 4. Joint and Survivor Life Income--</b> Guaranteed Period of 10 years	
Age of Both Payees	Minimum Amount of each Monthly Payment for each \$1,000 Applied
50	\$3.64
55	3.93
60	4.30
65	4.80
70	5.47
75	6.33

On request, we will provide additional information about amounts of minimum payments.

  
 Gwenn L. Carr  
 Vice-President and Secretary

Metropolitan Life Insurance Company

**ENDORSEMENT**

1. This endorsement replaces the **Minimum Death Benefit** provision found on page 7 of this policy.
2. Notwithstanding any other provision, the death benefit shall never be less than (a) divided by (b), where
  - (a) is the Cash Value immediately before the death of the insured, and
  - (b) is the net single premium immediately before the death of the insured (computed on the basis of the 2001 CSO Mortality Table and on the basis of interest at the greater of an annual effective rate of 4% or the rate or rates guaranteed on issuance of this contract and as otherwise required under section 7702 of the Internal Revenue Code) for one dollar of death benefit.
3. Therefore, although the death benefit will be based on the death benefit option in effect at the time of death, the death benefit will never be less than an amount determined under paragraph 2 above. Generally, this means that the death benefit will never be less than the Cash value multiplied by the minimum death benefit factor from the table on the reverse of this endorsement.

  
Gwenn L. Carr  
Vice-President and Secretary

**Table of Minimum Death Benefit Factors**

Age on Date of Death	Factors			Age on Date of Death	Factors		
	Male	Female	Unisex		Male	Female	Unisex
20	8.1018	9.4038	8.3313	58	2.3020	2.5723	2.3519
21	7.8419	9.0752	8.0593	59	2.2358	2.4984	2.2844
22	7.5890	8.7581	7.7961	60	2.1722	2.4274	2.2195
23	7.3427	8.4517	7.5398	61	2.1114	2.3591	2.1574
24	7.1038	8.1553	7.2908	62	2.0535	2.2935	2.0982
25	6.8714	7.8691	7.0492	63	1.9986	2.2303	2.0418
26	6.6463	7.5930	6.8157	64	1.9464	2.1695	1.9882
27	6.4292	7.3271	6.5898	65	1.8967	2.1110	1.9371
28	6.2185	7.0706	6.3715	66	1.8494	2.0547	1.8882
29	6.0129	6.8231	6.1588	67	1.8039	2.0005	1.8414
30	5.8126	6.5841	5.9517	68	1.7603	1.9484	1.7964
31	5.6173	6.3540	5.7504	69	1.7183	1.8982	1.7530
32	5.4274	6.1323	5.5546	70	1.6778	1.8500	1.7113
33	5.2430	5.9186	5.3651	71	1.6389	1.8037	1.6713
34	5.0643	5.7130	5.1816	72	1.6018	1.7593	1.6330
35	4.8912	5.5151	5.0043	73	1.5665	1.7167	1.5966
36	4.7241	5.3251	4.8330	74	1.5329	1.6759	1.5619
37	4.5629	5.1422	4.6677	75	1.5008	1.6367	1.5287
38	4.4072	4.9660	4.5086	76	1.4702	1.5991	1.4970
39	4.2575	4.7959	4.3552	77	1.4409	1.5629	1.4667
40	4.1134	4.6318	4.2073	78	1.4130	1.5282	1.4378
41	3.9746	4.4737	4.0650	79	1.3867	1.4947	1.4105
42	3.8411	4.3211	3.9283	80	1.4300	1.5356	1.4537
43	3.7131	4.1743	3.7969	81	1.4054	1.5032	1.4280
44	3.5904	4.0331	3.6711	82	1.3823	1.4724	1.4037
45	3.4729	3.8973	3.5503	83	1.3603	1.4431	1.3805
46	3.3602	3.7669	3.4345	84	1.3393	1.4149	1.3584
47	3.2521	3.6418	3.3235	85	1.3192	1.3878	1.3372
48	3.1479	3.5219	3.2165	86	1.2381	1.2964	1.2540
49	3.0471	3.4070	3.1131	87	1.2206	1.2716	1.2351
50	2.9499	3.2971	3.0135	88	1.2035	1.2474	1.2166
51	2.8560	3.1918	2.9176	89	1.1865	1.2236	1.1981
52	2.7659	3.0911	2.8256	90	1.1692	1.1994	1.1792
53	2.6795	2.9948	2.7373	91	1.1508	1.1737	1.1589
54	2.5968	2.9027	2.6529	92	1.1303	1.1456	1.1360
55	2.5179	2.8145	2.5724	93	1.1063	1.1150	1.1098
56	2.4426	2.7302	2.4956	94	1.0772	1.0811	1.0789
57	2.3708	2.6495	2.4222				

<i>SERFF Tracking Number:</i>	<i>SKML-125642498</i>	<i>State:</i>	<i>Arkansas</i>
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## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: SKML-125642498 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 38974  
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TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium  
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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 05/10/2008

#### Comments:

#### Attachment:

AR CERT OF COMP reg 19.pdf

### Review Status:

**Bypassed -Name:** Application 05/10/2008

**Bypass Reason:** This filing is in response to the change in mortality basis. No policy is submitted with this filing.

#### Comments:

### Review Status:

**Satisfied -Name:** Authorization Letter 05/11/2008

#### Comments:

#### Attachment:

Met AUTHORIZ LTR.pdf

# CERTIFICATION OF COMPLIANCE

**RE: Metropolitan Life Insurance Company**

This is to certify that the form(s) referenced below is/are in compliance with the Unfair Sex Discrimination Rule pursuant to Regulation 19.

Form(s)

**Form #7FV-93 (2001CSO)**

**Form # R.S. 1191 March 1993 (2001CSO)**

**Form #R.S. 1195 (2001CSO)**

**Policy Insert Page and COI**

**Revised Policy Endorsement**

**Revised Policy Endorsement MDB**



Signature

Karen A. Johnson, FLMI, AIRC, ACS - Vice President

Name & Title

4/17/08

Date



**Metropolitan Life Insurance Company**

501 Boylston Street  
Boston, MA 02116

Karen A. Johnson  
Assistant Vice President

February 21, 2008

RE: Form No. 7FV-93, Flexible Premium Adjustable Variable Universal Life Insurance Policy  
Revised Policy Text Page and Schedule Page – 2001 CSO  
Form No. R.S. 1191 March 1993 (2001CSO), Endorsement  
Form No. R.S. 1195 (2001CSO), Endorsement

Dear State Regulator:

On behalf of Metropolitan Life Insurance Company, I hereby authorize:

Sandra K. Meltzer & Associates, Inc.  
1925 Century Boulevard, Suite 1  
Atlanta, Georgia 30345

to carry out the filing of the above reference forms to reflect the use of the 2001 CSO Mortality Table in your state.

Sincerely,

A handwritten signature in black ink that reads "Karen Johnson". The signature is written in a cursive, flowing style.

Karen A. Johnson